PTO/SB/05 (06-03) Approved for use through 07/31/2003. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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T UTILITY PATENT APPLICATION					st Inventor		Katharine Helen BANNER				
		ION	-		·						
TRANSMITTAL					e 		ANIMAL MODEL FOR INFLAMMATORY BOWEL DISEASE				
(Only for new nonapplications under 37C.F.R. §1.53(b))					oress Mail Lat	bel No.	EV 271824085 US				
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.					ADDRESS TO: Mail Stop Patent Application Commissioner for Patents Box 1450 Alexandria, VA 22313-1450						
1.	(Submit an original, Applicant clair	Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing) Applicant claims small entity status See 37 CFR 1.27				 CD-ROM or CD-R in duplicate, large table or computer Program (Appendix) Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) 					
3.	DescriptiveCross RefeStatementReference	[Total Pag ngement set forth belo title of the Invention erences to Related App Regarding Fed sponso to sequence listing, a futer program listing app	w) Dications Ored R&D Rable,		a. Computer Readable Copy (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies) ii. Paper c. Statement verifying identity of above copies						
	- Backgroun	d of the Invention			ACC	OMPAN	YING APP	LICATION PARTS			
	 Brief Summary of the Invention Brief Description of the Drawings (if filed) Detailed Description Claim(s) 				Assignment Papers (cover sheet & document(s)) 37 CFR 3.73(b) Statement Power of Attorney (when there is an assignee)						
- Abstract of the Disclosure				11.							
4.	Drawing(s) (35	<i>U.S.C. 113</i>) [Total she	eets <u>3</u>]	12.		mation Di ement (ID	isclosure S)/PTO-144	Copies of IDS Citations	3		
5.	Oath or Declar	ation [Total pa	ges]	13.	Preli	iminary Aı	mendment				
	a. Newly executed (original or copy)					Return Receipt Postcard (MPEP 503) (Should be specifically itemized)					
	b. Copy from a prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 18 completed)				15. Certified Copy of Priority Document(s)						
ا دا	name 1.63(DELETION OF IN ed statement attached deleted in the prior application, d)(2) and 1.33(b).	eting inventor(s) see 37 CFR	16.	Non ₁ (b)(2	publicatio	n Request u oplicant mus	ed) (UK 0303085.5) nder 35 U.S.C. 122 t attach form PTO/SB/35			
б [6 Application Data Sheet. See 37 CFR 1.76				17 Other:						
18.	or in an Application Da	APPLICATION, check a sta Sheet under 37CFR 1.	appropriate box, and s 76.	upply th	he requisite info	ormation be	elow and in a p	oreliminary amendment,			
Continuation Divisional Continuation-in-part (CIP) of prior application No:/											
Prior application information: Examiner											
	19. CORRESPONDENCE ADDRESS										
Customer Number 28523						OI	Corres	oondence address below			
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	NAME (Print/type) Signature				stration No.	(Attorney) Date					
	Jiyilatul E	Iumuu	well			ı vale		February 9, 2004			

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mall Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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CE	C mplete if Kn wn											
FEI	Applic	Application Number To Be Assigned										
	Filing	Filing Date				Herewith						
Effective 10/01/20		First Named Inventor K				Katharine Helen BANNER						
	Exami	Examiner Name T				To Be Assigned						
Applicant cla						To Be Assigned						
Total Amoun			\$1,408.00	Attorn	Attorney Docket Number PC25578A							
			ENT (check all that apply) ☐ Money ☐ Other ☐ None	 	FEE CALCULATION (continued)							
Check Cr		3. ADDITIONAL FEES Large Entity Small Entity										
Deposit Accou	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description			Fee Paid				
Deposit Account Number	16-1445				130	2051	65	Surcharge – late fee or oath				
Deposit Account Name	Pfizer Inc	Inc			50	2052	25	Surcharge-late filing fee or cover sheet				
The Director is	1053	130	1053	130	Non-English specification							
□ Charge fee(s)	indicated be	elow	Credit any overpayments	1812	2,520	1812	2,520	Forttingare				
Charge any ad	ditional fee(s	s) or ar	ny underpayment of fee(s)	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action				
Charge fee(s) to the above-ident			xcept for the filing fee	1805	1,840*	1805	1,840°	Requesting publication of SIR after Examiner action				
	FEE	CAL	CULATION	1251	110	2251	55	Extension for reply within first month				
1. BASIC FILE	NG FEE			1252 1253	420	2252	210	Extension for reply within second month				
Large Entity Small Entity					950	2253	475	Extension for reply within third month				
Fee Fee Code (\$)		Fee (\$)		1254	1,480	2254	740	Extension	for reply within fou	rth month		
1001 770	2001	385	Fee Description Fee Paid Utility filing fee 770	1255	2,010	2255	1,005	Evtension	for reply within fifth	month		
1002 340	2002	170	Design filing fee	1401	330	2401	165	Notice of				
1002 540	2203	265	Plant filing fee	1402	330	2401	165	(rief in support of an	appeal	<u> </u>	
1004 770	2004	385	Reissue filing fee	1403	290	2403	145	_	or oral hearing			
1005 160	2005	80	filing fee	1451	1,510	1451	1,510		institute a public use pr	oceedina		
	1			1452	110	2452	55		revive unavoidable	_		
		Subto	otal (1)s \$ 770	1453	1,330	2453	665	Petition to revive – unintentional				
2 EVTDA CLA	M EEEC E	OP II	TILITY AND REISSUE	1501	1,330	2501	665	l Itility issu	ue fee (or reissue)			
Z. EXTRA CLA	1502	480	2502	240	Design issue fee							
below Total Claims 25 - 20** = 5 x 18 = 90.00					640	2503	320	Plant issu	e fee			
Independent 6 - 3 = 3 x 86 = 258.00				1460	130	1460	130	Petitions to the Commissioner				
Multiple Dependent 290. = 290.00					50	1807	50	Processing fee under 37 CFR 1.17(q)				
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Large Entity	Small Ent											
Fee Fee Code (\$)		Fee (\$)	Fee Description	8021	40	8021	40		g each patent assig times number of pre			
1202 18	2202	9	Claims in excess of 20	1809	770	2809	385		ubmission after fina			
1201 86	2201	43	Independent claims in excess of 3	1810	770	2810	385	For each	additional invention (37 CFR 1.129(b))			
1203 290	2203	145	Multiple dependent claim, if not paid	1801	770	2801	385		or Continued Examination			
1204 86	2204	04 43 **Reissue independent claims over original patent		1802	900	1802	2 900 Request for expedited examination of a design application					
1205 18	Other F	Other Fee (specify)										
**or number =	roviously se	id it ~	(\$) 638.00	*Pod:-	A Designation Designation of the Control of the Con							
SUBMITTED B	Heuuc	*Reduced by Basic Filing Fee Paid Subtotal (3) (\$) (Complete if applicable)										
Name (Printed/Type) Christine S. Lee					Registration No. 42,788 Telephone (860)686-0					-0348		
Signature		Chusty Dale		(Allo)	(Attorney Agent) 2/9/04					-		

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